Abuse Liability Assessment and Drug Dependence:

Scientific and Regulatory Considerations in Drug Development

DIA Workshop June 18, 2003

Speakers

Deborah B. Leiderman, M.D., M.A.

Director, Controlled Substance Staff (CSS),

CDER, FDA

Silvia Calderon, Ph.D.

Team Leader, CSS, CDER, FDA

Robert S. Mansbach, Ph.D.
Pfizer Global Research and Development,
Worldwide Regulatory Affairs

Abuse Liability Assessment and Drug Scheduling:

An Overview

Deborah B. Leiderman, M.D



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Abuse Potential Assessment

Federal Food, Drug and Cosmetic Act (FD&C Act, 1938)

- Determination of Abuse Potential
- Labeling Drug Abuse and Dependence Section

Controlled Substances Act (CSA, 1970)

- Scheduling
- Schedule I Protocols
- Estimates of U.S. Medical Needs for Schedule I and II Substances

NDA Requirements Under FD&C Act

If potential for abuse exists, the following <u>must</u> be included:

- All data pertinent to abuse of the drug
- Proposal for scheduling under the Controlled Substances Act
- Data on overdose

21 CFR § 314.50 (5) (vii)

Controlled Substances Act (CSA) 1970

- Provides a role for both DEA and DHHS
- Establishes legal procedures
- Scheduling based on scientifically verified and legally defensible data
- Legislatively scheduled Class I substances include heroin, LSD, marijuana
- Examples of Class II substances include cocaine, morphine, opium, oxycodone

Drug Classes Subject to Regulation under the CSA

- Opioids
- CNS depressants
- CNS stimulants
- Hallucinogens
- Cannabinoids
- Anabolic steroids

CSA Mandate for DHHS

"If, at the time a NDA is submitted to the Secretary for any drug having a stimulant, depressant, or hallucinogenic effect on the central nervous system, it appears that such drug has an abuse potential, such information shall be forwarded by the Secretary to the Attorney General"

-21 USC 811 (f)

Delegation to FDA by Secretary, DHHS

-21 USC 5.10

Drug Scheduling Process

- FDA/DHHS performs scientific assessment and recommends initial schedule or change to DEA
- DEA schedules drugs through rule-making
- Schedule changes can be initiated by DEA, FDA, Congress, and by citizen or sponsor petitions
- Compliance with international treaties (Single Convention on Narcotic Drugs, Psychotropic Convention)

Levels of Drug Control Five Classes or Schedules Under CSA

- Schedule I:
 - Not approved in the U.S.
 - High abuse potential (most restrictive)
 - Special DEA license for research
- Schedules II-V:
 - Approved medical use in the U.S.
 - High (C-II) to limited (C-IV/V) physical or psychological dependence liability

Abuse Liability Assessment

- Pre-IND, IND, and NDA phases
- Evaluation of all data
 - Chemistry
 - Pharmacology (animal and human)
 - Pharmacokinetics & pharmacodynamics
 - Adverse events reported in clinical trials
- Compare to a pharmacologically similar substance

Abuse Potential

- Chemical structure
- Pharmaceutical characteristics
 - Ease of synthesis
 - Extractability
 - Solubility
- CNS pharmacology
 - Receptor
 - Behavioral effects

Abuse Liability Assessment Package of the NDA Includes

- Preclinical Pharmacology
- Human Pharmacology
- Clinical Trial Data
- CSA Scheduling Proposal
- Data on Overdose

Pharmacology - Preclinical

- Neuropharmacological characterization
- Receptor binding
- Animal behavioral studies
 - Reinforcing effects (self-administration)
 - -Discriminative effects (drug discrimination)
 - -Physical dependence (withdrawal)
 - **-Tolerance**

Human Pharmacology

- Subjective effects drug liking
- Toxicity and performance impairment
- Tolerance
- Physical dependence

Eight Factor Analysis

(Required Under CSA)

- Actual and potential for abuse
- Pharmacology
- Other current scientific knowledge
- History and current pattern of abuse
- Scope, duration, and significance of abuse
- Public health risk
- Psychic or physiological dependence liability
- If an immediate precursor of a controlled substance
 21 USC 811(c)

Scheduling Criteria CII-CV Drugs

- Approved medical use
- Relative potential for abuse
- Dependence liability

21 USC 812 (b)

FDA and DEA Roles Under CSA

• FDA

- Abuse potential = risk assessment
- Labeling of abuse/dependence risks
- No control at level of prescriber, dispenser, or patient

• DEA

- Licenses CI-II manufacturers; sets quotas
- Regulates prescribers, dispensing pharmacies
- Law enforcement

Conclusions

- Abuse liability assessment and drug scheduling are composites --based upon analysis of the chemistry, pharmacology, clinical considerations, and the public health risks following introduction of the drug to the general population
- Abuse or dependence potential can be best conceptualized as risks to be managed
- Responsibility shared by FDA and DEA